Guidelines for Medical Necessity Determination for Breast Reconstruction

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information MassHealth needs to determine medical necessity for breast reconstruction surgery. These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and/or state policies and laws applicable to Medicaid programs. Other breast surgeries are covered in other MassHealth Guidelines.

Providers should consult MassHealth regulations at 130 CMR 433.000, 415.000, and 450.000 and Subchapter 6 of the *Physician Manual* for information about coverage, limitations, service conditions, and other prior-authorization requirements applicable to this service. Providers serving members enrolled in MassHealth-contracted managed care organizations (MCOs) should refer to the MCO's medical policies for covered services.

MassHealth reviews requests for prior authorization on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

Section I. General Information

Breast reconstruction surgery is often considered after a mastectomy to correct deformity or reestablish symmetry caused by previous surgery and/or the effects of therapeutic treatments. Reconstruction procedures may involve multiple techniques and stages to recreate the breast mound through the use of prosthetic implants, tissue flaps, or autologous tissue transfers, as well as nipple/areola reconstruction.

MassHealth considers approval for coverage of breast reconstruction surgery on an individual, case-by-case basis, in accordance with 130 CMR 450.204.

Section II: Clinical Guidelines

MassHealth bases its determination of medical necessity for breast reconstruction on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure, including post-operative recovery. These include, but are not limited to, the following.

A. A comprehensive medical history and physical exam has been conducted by a physician to evaluate the need for breast reconstruction surgery.

B. The breast reconstruction surgery is intended to correct, restore, or improve anatomical and/or functional impairments that result from congenital anomalies, accidental injury, trauma, previous surgery, therapeutic interventions (for example, radiation), or disease of the breast.

C. A surgical treatment plan that outlines the type of techniques and stages of the procedure(s) that will be performed has been developed.

D. The proposed surgery follows a mastectomy that has been performed to remove a malignant neoplasm or carcinoma in situ of the breast. Breast reconstruction in connection with a mastectomy may include:
- **1.** prosthetic implants, tissue expansion, and/or nipple reconstruction to restore normal appearance of the affected breast; and
- **2.** contralateral surgery for the unaffected breast, which may involve mastopexy or reduction to improve symmetry and appearance.

Section III: Submitting Clinical Documentation

A. Requests for prior authorization of breast reconstruction surgery must be accompanied by clinical documentation that supports the medical necessity for this procedure.

B. Documentation of medical necessity must include all the following:
- **1.** the primary diagnosis name and ICD-9-CM codes for the condition requiring reconstruction;
- **2.** the secondary diagnosis name(s) and ICD-9-CM code(s) pertinent to comorbid condition(s);
- **3.** the most recent medical evaluation, including a summary of the medical history and last physical exam;
- **4.** results from diagnostic or laboratory tests pertinent to the diagnosis;
- **5.** risk factors or comorbid conditions;
- **6.** previous surgeries and hospitalizations;
- **7.** the surgical treatment plan, including a description of the type of tissue flaps and/or prosthetic implant(s) to be used. Where the procedure requires an implant, the implant must be FDA-approved; and
- **8.** other pertinent clinical information that MassHealth may request.

C. Clinical information must be submitted by the surgeon involved in the member's care. Providers must submit all information pertinent using the Automated Prior Authorization System (APAS) at www.masshealth-apas.com or by completing a MassHealth Prior Authorization Request form and attaching pertinent documentation.

Select References

American Society of Plastic Surgeons. Position Paper. Breast reconstruction: Recommended criteria for third-party payer coverage. American Society of Plastic and Reconstructive Surgeons Socioeconomic and policy development department. 1999.

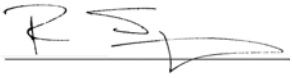
Aston SJ, Beasley RW, Thorne CH (Eds.). *Grabb and Smith's Plastic Surgery*. 5th Edition. Lippincott-Raven Publishers: Philadelphia, PA. 1997.

Lin K, Johns F, Gibson J, Long M, Drake D, Moore M. An outcome study of breast reconstruction: Pre-surgical identification of risk factors for complications. *Annals of American Surgical Oncology*. 2001. 8(7): 586-591.

Ng R, Youssef A, Kronowitz S, Lipa J, Potochny J, Reece G. Technical variations of the bipedicled TRAM flap in unilateral breast reconstruction: Effects of conventional versus microsurgical techniques of pedicle transfer on complication rates. *Plastic and Reconstructive Surgery*. 2004. 114(2).

Title XI Women's Health and Cancer Act. H.R. 4328 Omnibus Appropriations Bill FY99 Conference Report 105-825. Public Law 105-277. October 21, 1998.

These Guidelines are based on review of the medical literature and current practice in breast reconstruction surgery procedures. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

Policy Effective Date: April 1, 2005 **Approved by:**  , Medical Director